PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed otl tions.	herwise in Block 1, by (a	a) specifying a new corres	pondence address; a	ind/or (b) indicating a sepa	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
27045 7 59 ERICSSON INC.			papo	rs. Each additional	paper, such as an assignment of mailing or transmission.	nt or formal drawing, must
6300 LEGACY DRIVE M/S EVR 1-C-11 PLANO, TX 75024			I her State addr tran	eby certify that this	Ficate of Mailing or Transi Fec(s) Transmittal is being th sufficient postage for firs Stop ISSUE FEE address O (571) 273-2885, on the day	
			Na	ncy J Todd		(Depositor's name)
				1 can cur	A Jove	(Signature)
			Sep	ember 25, 2009)	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,452 04/15/2005		Ann-Christine Eriksson	•	P16098-US1	2277	
TITLE OF INVENTION	DATA PRESERVAT	FION				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/26/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, HANH N		2416	370-331000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an	ntent. If an assigned assignment,	is identified below, the de	ocument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY Stockholm, Swed	and STATE OR CO		
Please check the appropr	iate assignce category or	r categories (will not be pr	rinted on the patent):	Individual 🗹 Cor	poration or other private gro	oup entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
 ✓ Issue Fee ✓ Publication Fee (No small entity discount permitted) 			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order -			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this form).			
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state	*	☐ h Applicant is no lone	rer claiming SMALI	ENTITY status. See 37 CF	ER 1.27(a)(2)
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other than the		ered attorney or agent; or th	
interest as shown by the	records of the United Sta	ates Patent and Trademark	COffice.			
Authorized Signature			Date September 25, 2009			
Typed or printed name Michael Cameron			Registration No. 50,298			
submitting the completed this form and/or suggest	d application form to the ions for reducing this bu irginia 22313-1450. DC	e USPTO. Time will vary irden, should be sent to the	depending upon the indiving the control of the control of the complete of the	idual case. Any com r, U.S. Patent and T THIS ADDRESS.	public which is to file (and inutes to complete, includin ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner if splays a valid OMB control	,